

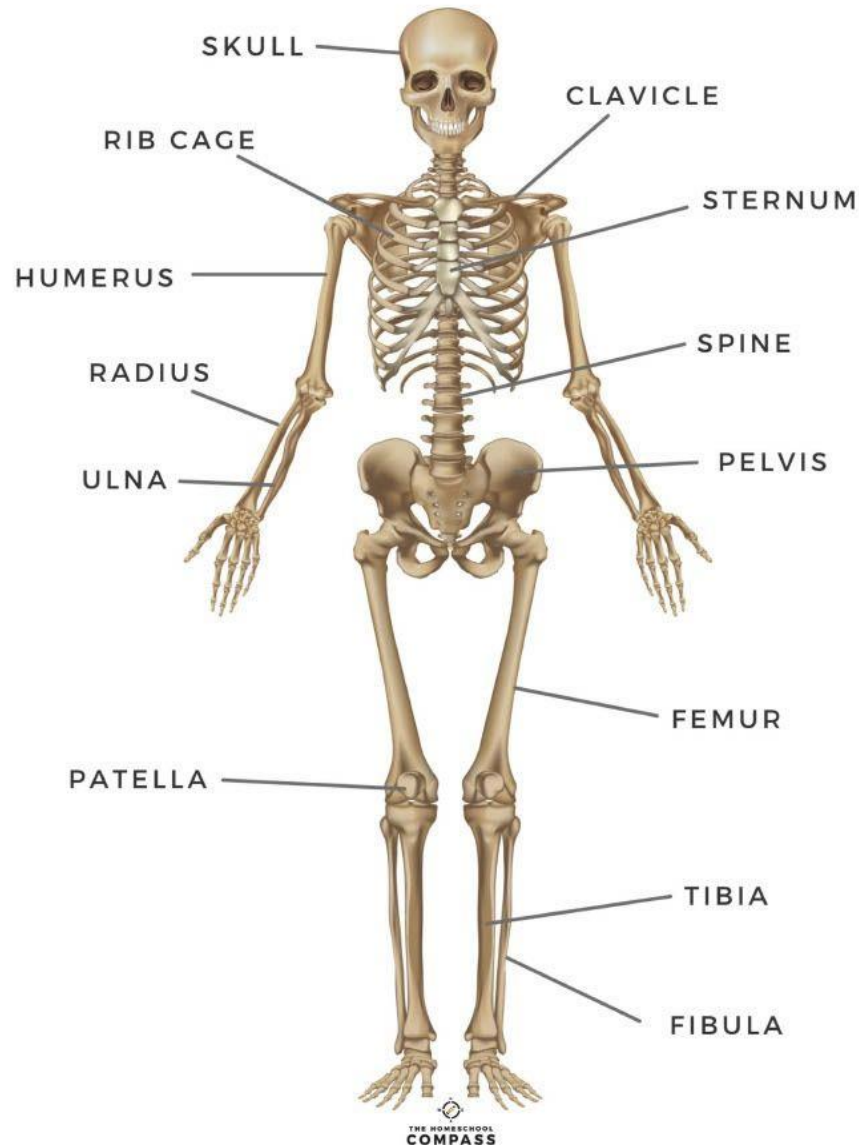
Body Basics

1. The “map” of the body: head/neck, ribcage, pelvis, spine, hips, and how they relate
2. Everyday words for common clinical terms (e.g., “midline,” “asymmetry,” “windswept”)
3. Simple things to spot at home and when to ask for help
4. How to make appointments feel more equal and less overwhelming

Sarah Clayton Simple Stuff Works

For Wellchild

THE SKELETAL SYSTEM



Occiput *Back of the head. Important for head alignment.*

Clavicle *Collarbone. Helps notice shoulder position.*

Scapula *Shoulder blade. Check if one sticks out more than the other.*

Rib Cage *The bones that protect the lungs and heart. Watch out for lumps and bumps.*

Xiphoid Process *The small tip at the bottom of the breastbone or **sternum** or **breastbone**. Usually it is in the centre of the ribcage.*

Vertebrae *The bones of the spine. Changes in curve or alignment can affect comfort and breathing.*

Pelvis *The bony structure located at the bottom of the spine that connects the trunk to the legs. Watch for tilts or rotation.*

ASIS *The bony parts at the front of the pelvis*

Hip *The joint between pelvis and the thigh. Important for both sitting and standing*

1.If you notice your child's body shape changing over time

For example, if their ribs, hips, or spine start looking uneven, or if a position that was once comfortable becomes difficult.

2.If your child seems uncomfortable or struggles to stay in a balanced position

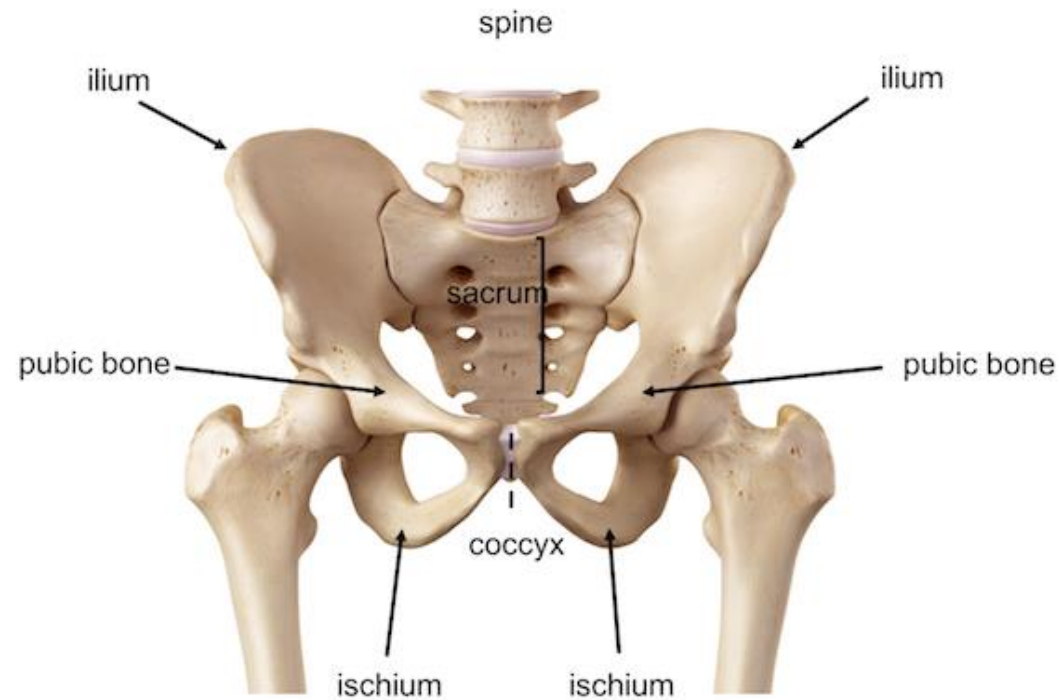
This could look like leaning consistently to one side, one knee drifting across the midline, or finding it harder to sit or lie comfortably.

Helpful information to take to an assessment

 **A simple record of your child's usual positions over a few days**

This could include notes or photos of:

- How they lie when sleeping
- How they sit during everyday activities
- Any positions they avoid or seem uncomfortable in
- Times of day when symmetry or comfort changes



<https://anatomy.lexmedicus.com.au/collecion/pelvis-hip>

The pelvis is the anchor for your child's seated position

It can become difficult for your child to sit comfortably if your child's pelvis is:

Oblique – wonky – one side higher than the other in seating

Tilted – either forward or back

Rotated – one side forward of the other

Lots of children have all three of these happening at the same time which can make seating more difficult

Hip X Rays

Ask how your child should be positioned for the image

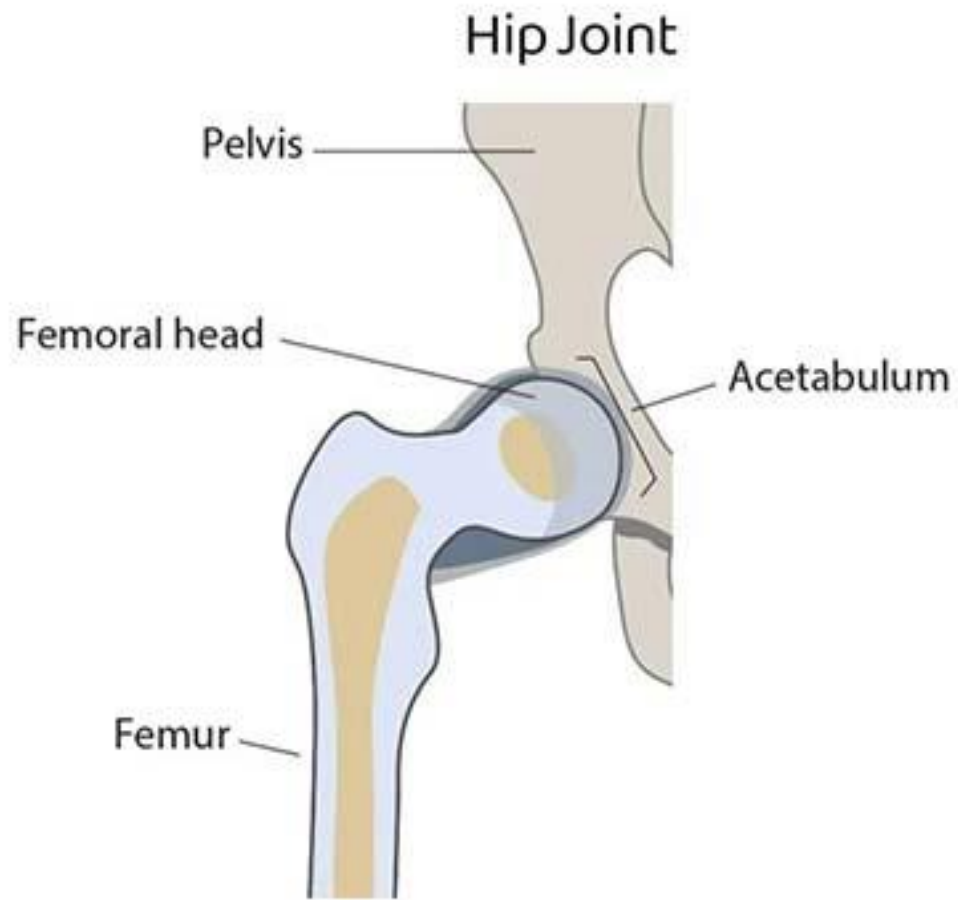
“Should their legs be placed in neutral (not crossed, not rotated) during the image?”

“Should they be supported so the pelvis doesn't tilt or rotate?”

Correct positioning matters because:

Rotation of the pelvis or legs can *artificially change* the appearance of the hip joint.

Poor positioning can make the migration percentage unreliable.



<https://www.nationallbirthinjurylaw.com/hip-muscle-release-surgery>

Anterior – to the front
Posterior – to the back

1. Ask for the *Migration Percentage (MP)*

This is the *most important number* to request.

It tells you **how much of the femoral head (hip ball) is sitting inside the socket.**

- **0–30%:** usually considered low risk
- **30–40%:** mild concern, may need monitoring
- **40–60%:** moderate concern
- **60%+:** high concern, often requires orthopaedic input

Migration Percentage is the key screening tool used in cerebral palsy hip surveillance programmes around the world.

2. Ask if the X-ray shows *both hips fully and clearly*

3. Ask for the official report in writing

4. Ask when the next X-ray should be

- “When should my child’s next hip X-ray be?”
- “Are they be in a hip surveillance programme?”

Helpful wording for parents

- “Could you tell me the **migration percentage** for each hip?”
- “Was the X-ray taken in a **neutral, well-aligned position**?”
- “Is the pelvis **level and not rotated** in the image?”
- “Can I have a **copy of the image and the radiology report** for my child’s records?”

When to ask for support

If your child's pelvis no longer looks level

For example, if one side looks higher than the other, or sitting positions are becoming more “tilted” or consistently leaning to one side. This can be an early sign of windsweeping or pelvic obliquity.

If your child's legs seem to fall or pull in one direction

If one leg always crosses over, drifts outward, or the hips don't seem to move equally, it may suggest changes in hip stability or soft-tissue tightness. Parents often spot this first during dressing, nappy changes / personal care or when lifting.

Helpful information to take to an assessment

 **A short log (notes or photos) showing how your child's legs and pelvis rest during everyday routines**

Useful things to note include:

How their legs naturally fall when lying on their back

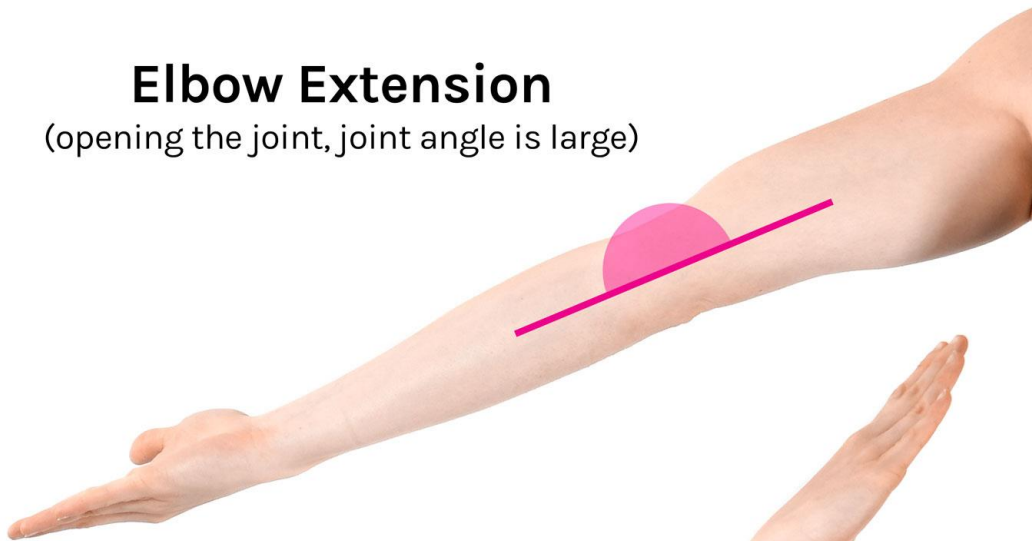
Whether their knees pull together or fall apart

If one hip seems harder to move during daily care (e.g., putting on trousers)

Any changes in comfort, sleep, or preferred positions over a few days

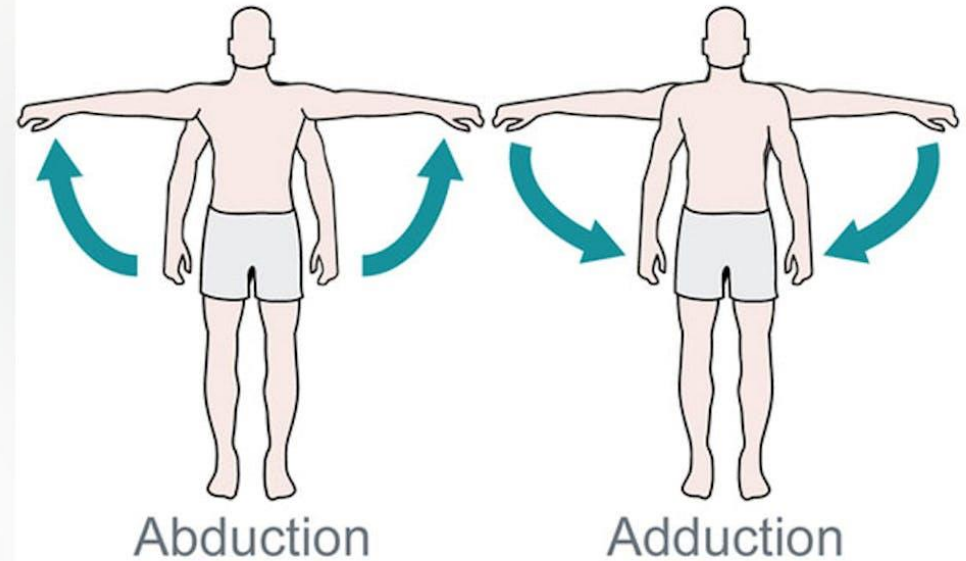
Elbow Extension

(opening the joint, joint angle is large)



Elbow Flexion

(closing the joint, joint angle is small)



ABduction Limbs moving away from
midline

ADduction limbs moving towards
midline (adding together!)

<https://tommorrison.uk/blog/flexion--extension-in-detail>

<https://www.facebook.com/photo.php?fbid=751740576752055&set=a.578544377405010&id=100057483578259>

When to ask for support

1.If your child is spending most of their time in strong extension or strong flexion

For example, arching backwards (extension) or curling forwards (flexion) in ways that make positioning, comfort or midline awareness harder. This can be a sign that they're finding it difficult to move through a variety of positions.

2.If their legs consistently move away from or across the midline

Habitual abduction or adduction may affect comfort, hip stability and ease of functional movement. It's especially worth noticing if the pattern is always the same on one side.

Helpful information to take to an assessment

A short record of how your child moves through their day

Note (or photograph) moments such as:

- How they move when transitioning from lying → sitting → standing
- Whether they tend to arch backwards or curl forwards
- Whether legs fall out, turn in, cross the midline, or stay in a narrow/neutral position
- Any tasks where movement seems jerky, effortful or less accurate

Rotation & Midline Awareness

What rotation means

Rotation is when part of the body gently twists — often the ribcage, spine, pelvis, or legs — so the body is no longer facing forward in a balanced way.

When to ask for support

1. If your child always turns or leans to one side

For example, their chest turns left while their pelvis stays straight, or their trunk consistently twists when sitting or lying.

2. If they struggle to “find the middle”

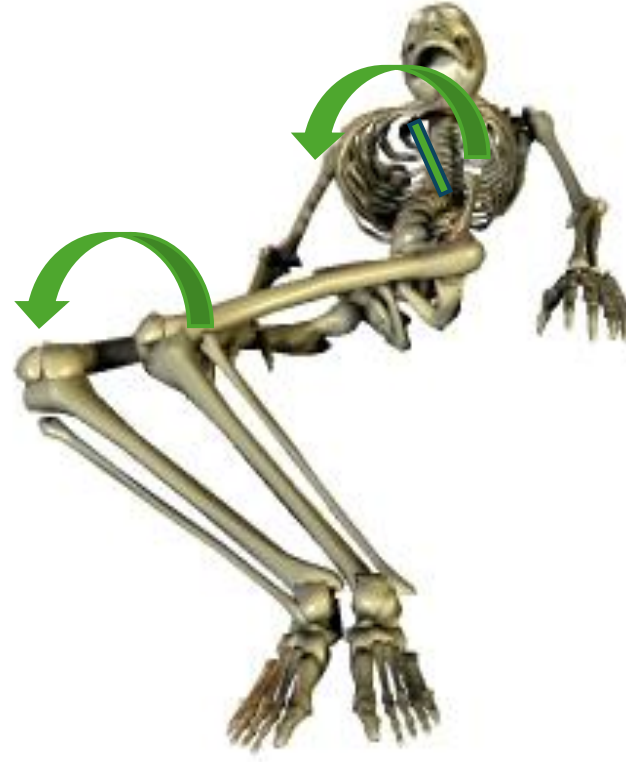
When your child can't bring their head, hands, or legs back to the centre, or always returns to one preferred side, it suggests midline awareness is becoming harder.



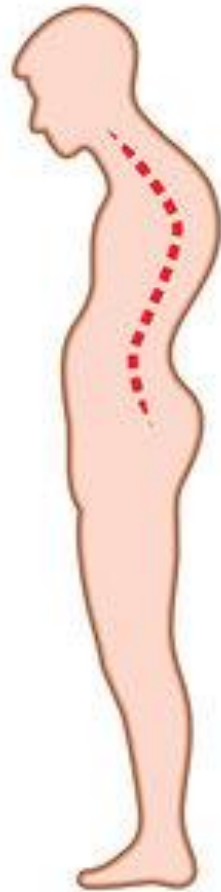
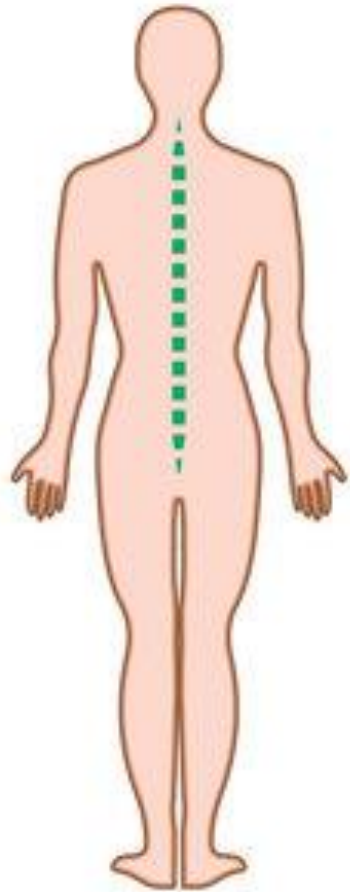
Windsweeping



Windswept **LEFT**
Clockwise chest
rotation



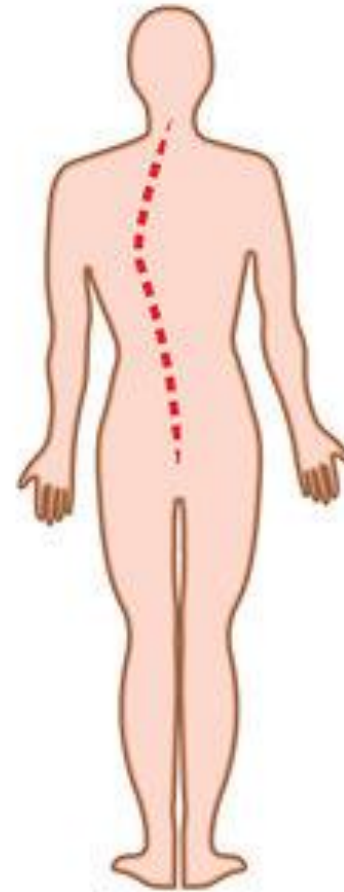
Windswept **RIGHT**
Anti - Clockwise chest
rotation



Kyphosis



Lordosis



Scoliosis

Helpful information to bring to an assessment

A short log of how your child's body "settles" throughout the day

Examples of what to record:

- Does the chest always rotate the same way when lying?
- When sitting, does one side touch the back of the chair first (a clue to direction of rotation)?
- When lying on their back, do their legs fall to one side, inwards or outwards?
- Do they choose the same side for sleeping, looking, or reaching?

Simple wording you could use

- "They always seem to twist this way when they relax."
- "Their head and chest don't point the same way."
- "They can get to the middle but never stay there."
- "One side feels 'heavier' when I lift or reposition them."



Aa COMMENTS

7:00am - 10:00am: positioned in wheelchair from bed until going in stander.
10:00am - 11:00am: in stander.
11:00am - 1:30pm: in wheelchair.
1:30pm - 3:00pm: out on the floor unsupported.
3:00pm - 5:00pm : positioned in alternate seating, up down chair to access the dinner table.
5:00pm - 6:30pm: positioned on the sofa to watch tv before bed.
6:30pm - 7:30pm: positioned in shower chair before going to bed.
7:30pm - 8:00pm: lying unsupported on the bed before going to sleep.
8:00pm - 7:00am: sleeps with support. 2 pillows under head, horse shoe pillow under knees with lateral supports/cushions/teddies on the side of either hip with a rolled up blanket supporting left-side trunk.



Person

Feels restricted
Doesn't see the point / understand the need
Moves
Finds it strange (not usual position)
Finds it uncomfortable or even painful
Finds it difficult to fall asleep
Doesn't like the look of the equipment
Tried before – bad experience / “it didn't work”
Doesn't like being told what to do
Gets too hot / sweaty
Gets in the way of my partner / parent / support worker

Service

Not enough time to assess / support / review
Not enough money for therapist contact time / equipment / training
Not what we are measuring
Difficulty in justifying preventative interventions
May save money in the future but doesn't save money today
Not aware of the evidence base
Not aware of reasonable adjustment guidelines
Misconception that gravity no longer affects people when they stop growing
Different disciplines within the MDT can be out of step with one another – e.g. response to referrals in different time scales

Medical

High muscle tone that is difficult to manage
Continence issues
Temperature control issues
Perceived conflict with other interventions e.g. PEG feeds, pressure care
Infections control issues
Risk benefit analysis incomplete

Care Giver

Not enough time
Doesn't see the point / understand the need
Doesn't “believe” in it
Too much washing
Not my job
Conflicts with something else I have been told to do
Have to keep putting the equipment in and out
Doesn't look like a normal bed
Can't remember what to do
“Why can't you just leave them alone at night?”
Interferes with my sleep and I am already exhausted

Cultural

Attitudes towards co-sleeping
No recognition that night time therapeutic positioning is required / hidden population
Misconception that night time therapeutic positioning is restrictive / unnatural / unkind
It's another trend / craze
Not a quick fix (unlike surgical intervention)
Need for postural care training not recognised

★ Top Tips: What Really Matters (Without Overloading Parents)

★ 1. Protect the long, quiet hours (sleep and rest) — this has the biggest impact

Children spend far more time lying down than in therapy sessions or equipment.

If you only focus on one thing, **make sure their resting/sleeping position is as supported and symmetrical as possible.**

This is the most protective, least effort-intensive way to reduce changes in body shape.

★ 2. Keep it simple — tiny consistent habits beat big, complicated routines

The KISS principle (“Keep It Simple”) habits become automatic.

Even one small consistent change — like gently bringing legs back to midline when settling for sleep — can build long-term protection.

★ 3. Don't try to fix everything — just notice patterns

You are already stretched. You do *not* need to “assess” anything.

The most helpful thing is simply to **notice patterns:**

- Do they always lean the same way?
- Is one position always preferred?

This “light-touch noticing” helps therapists enormously and doesn't require extra tasks.

★ **4. Ask for support early — it's not your job to solve it alone**

No professional can do postural care alone — families shouldn't have to either.

If something feels "off", **ask your therapy team**. Early conversations prevent later complications.

★ **5. Choose one small thing and make it your "anchor habit"**

Examples:

- Ensuring their head and trunk start centred at bedtime
- Gently readjusting their support before sleep

Pick **one**. Not ten.

This makes the process achievable and reduces stress.

★ **6. Remember: comfort first, always**

If a position looks "perfect" but feels awful, it won't work.

Postural care is about **comfort + protection**, never force.

Further resources

- [The Skies We're Under](#) – parenting podcast for anyone who wants to know what it's really like... Not for our younger listeners!
- [Postural Care Overview Tool](#)
- [Heba app](#) used to track children's care and to share information with clinicians
- Simple Stuff Works [YouTube channel](#)
- Simple Stuff Works [resources page](#)
- Simple Stuff Works resource booklet
<https://www.simplestuffworks.com/wp-content/uploads/2024/01/Therapeutic-Lying-Handout-2024.pdf>